



Andover, MA  
Boston, MA  
New Brunswick, NJ

Richard D. Kimball Company, Inc.  
200 Brickstone Square  
Andover, MA 01810-1488

P 978-475-0298  
F 978-475-5768  
W www.rdkengineers.com

## MEETING NOTES

ODATE:	May 8, 2008	MEETING DATE:	May 8, 2008
TO:	Yvonne Kielb – University of Massachusetts Amherst, Facilities & Capital Planning		
FROM:	Wade Wright – RDK (W)		
SUBJECT:	University of Massachusetts, Amherst Morrill Science Center Building 1 Electrical Power Distribution Upgrade Project No. UMA 07-000215	PROJECT NO.:	20070394.00
		MEETING NO.:	E-4

### ATTENDEES

Wade Wright – RDK Engineers (RDK)  
Yvonne Kielb – UMA Facilities & Capital Planning (FACP)  
Stan Dumond – Collins Electric (CEI)  
Eric Bouley – CEI

### COPIES TO

D. Wall – RDK  
F. Kneeland – RDK  
D. Bergeron – FACP RE  
M. Steele – EH&S  
J. Ghidinelli – UMSS  
S. Dumond – CEI  
K. Arcaro – UMA Morrill  
H. Tauger – DPH  
C. Rogers – PHF  
J. Kunkel – BIO  
S. Long – DPHI  
J. Hanchette – MDEP  
S. Salem – MDEP  
A. Stevenson – MDEP

The following account is a summary of the proceedings. If there have been any omissions or inaccuracies, please notify this office in writing within ten (10) days. If there are no responses, the document will become part of the project record.

ITEM NO.	ITEM	RESPONSIBILITY	DATE DUE
	<b>Division 01 – Administrative Issues:</b>		
PC-1.1	RDK noted that project meetings will be held on an as-needed basis. The next project meeting is scheduled for <b>Thursday, May 29, 2008 at 2:30 pm in room N336 (Morrill 1).</b>		
PC-1.7	FACP noted that all required mechanical DEP, fire department (dumpster permit), building, and/or electrical permits are to be immediately applied for and conspicuously displayed. FACP noted Hot Work Permits with dedicated fire watches through the EHS Department are required as necessary. RDK issued Permit Sets and Control Documents to FACP for incorporation into the building permit application, CEI to forward balance of required documentation. CEI to obtain permits and provide copies to RDK and FACP. 3/13/08: Ongoing – FACP noted the building permit has been submitted. CEI noted that the electrical permit has been obtained and CEI to forward copies to FACP and RDK. CEI further noted the DEP permits are	CEI	



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## MEETING NOTES

ITEM NO.	ITEM	RESPONSIBILITY	DATE DUE
	<b>Division 01 – Administrative Issues Cont.:</b>		
PC-1.7 cont.	pending. 3/28/08: Ongoing – CEI to forward copies of the electrical and DEP permits to FACP and RDK. 4/11/08: Ongoing – Subsequent to the meeting CEI forwarded the electrical permit (attached). CEI noted that the DEP permit to be filed on 4/11/08 and the building permit is pending. <b>5/8/08: CEI forwarded the DEP and AQ-06 permits to RDK (attached). CEI to forward the building permit when completed – CLOSED.</b>		
PC-1.16	FACP/EHS noted that the OSHA 10-hour training certification for each worker on the project plus the safety manuals for each the general and subcontractor are required to be submitted. CEI to provide. EHS noted that CEI to keep copy of certifications on site. CEI acknowledged. <b>5/8/08: FACP noted receipt of certificates from CEI – CLOSED.</b>		
	<b>Division 01 – Change Issues:</b>		
E-2.2	UMSS requested a PCO to add two (2) future 400 amp circuit breakers in the spare spaces of the new switchgear (See Item E-2.7). CEI to provide. <b>5/8/08: Ongoing.</b>	CEI	
	<b>Division 01 – Requests for Information:</b>		
E-4.1	<b>RDK noted no new RFI's received – CLOSED.</b>		
	<b>Division 01 – Requisitions:</b>		
PC-1.24	CEI to provide a draft copy of the Schedule of Values (including subcontractor details) and Monthly Construction Payments to RDK and FACP for review. 3/28/08: Ongoing – CEI hand-delivered a draft schedule of values. RDK to review. 4/11/08: Ongoing – RDK remitted review comments to CEI. CEI to prepare three (3) originals of Application No. 1 and submit to RDK for processing. <b>5/8/08: CEI hand-delivered revised requisitions to RDK. RDK processed and hand-delivered to FACP – CLOSED.</b>		
	<b>Division 01 – Schedule:</b>		
PC-1.27	CEI to present a preliminary schedule for review with a final schedule, with review comments incorporated to be submitted at the next meeting with required milestone dates. All acknowledged. 3/28/08: Ongoing –	CEI	ASAP



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## MEETING NOTES

ITEM NO.	ITEM	RESPONSIBILITY	DATE DUE
	<b>Division 01 – Schedule cont.:</b>		
PC-1.27 cont.	CEI to have schedule ready for the next meeting. 4/11/08: Ongoing – CEI submitted an outline without dates. CEI to submit a bar chart style schedule with dates. 5/8/08: Ongoing – CEI to meet with FACP on 5/9/08 to finalize and submit.	CEI	ASAP
E-2.4	CEI presented a preliminary main electrical service shut-down for transfer to temporary power sub-schedule. RDK noted that sub-schedule to be resubmitted with dates and times, add a comment for removing the transformer door upon transfer of power, and revise nomenclature regarding electrical equipment i.e. existing main gear, new main gear, etc. CEI acknowledged. 4/11/08: Ongoing – CEI to submit. 5/8/08: Ongoing – CEI to provide.	CEI	ASAP
E-2.5	RDK noted that a detailed outage schedule based upon rooms and equipment located therein be prepared for the use of the building occupants for scheduling as well as confirming that all critical equipment is properly addressed. RDK to prepare the detail schedule boilerplate and forward to CEI to insert the details. CEI to have draft detail schedule ready for April 11, 2008. 4/11/08: Ongoing – RDK noted that schedule boilerplate forwarded to CEI. CEI submitted details outside of assigned schedule. CEI to incorporate and submit. 5/8/08: Ongoing – CEI to provide.	CEI	ASAP
	<b>Division 01 – Submittals:</b>		
E-4.2	RDK reviewed the shop drawing log (attached) – CLOSED.		
	<b>Division 02 – Demolition/Asbestos Abatement:</b>		
E-4.3	CEI submitted waste manifests for the ACM removal. RDK noted that the original manifests are required. CEI to provide.	CEI	
E-4.4	CEI noted that 90% of the abatement has been completed with balance to be completed after school release.		
	<b>Division 07 – Architectural:</b>		
	<b>Division 16 – Electrical:</b>		

RICHARD D. KIMBALL COMPANY, INC.  
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Sheet1

## SHOP DRAWING AND SAMPLE RECORD

[illegible]



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Air Quality

100070419

Decal Number

## Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**INSTRUCTIONS**

1. This form is only available for online filing of project date revisions.

2. Enter project decal number.

3. Validate that the project location is correct for the entered decal.

4. Enter your new project dates.

5. Certify your notification. Submit date changes.

### A. Facility Location

MORRILL SCIENCE BUILDING #1

1. Name of Facility

181 STOCKBRIDGE ROAD

2. Street Address

AMHERST

3. City

4135456516

6. Telephone Number

MA

4. State

5. Zip Code

### B. Project Cancelled

☐ Check here if this project is/was cancelled.

### C. Project Dates

04/21/2008

1. Original Start Date (mm/dd/yyyy)

3. Latest Revised Start Date (mm/dd/yyyy)

04/25/2008

2. Original End Date (mm/dd/yyyy)

4. Latest Revised End Date (mm/dd/yyyy)

### D. Revised Project Dates

1. Revised Start Date (mm/dd/yyyy)

04/22/2008

2. Revised End Date Date (mm/dd/yyyy)

### E. Other Project Revisions

### F. Revision History



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Air Quality

100070419

Decal Number

## Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

### G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

HEATHER R. CREPEAU

1. Name

OFFICE MANAGER

2. Position/Title

ACCUTECH

4. Representing

100 STATE STREET

6. Address

LUDLOW

7. City/Town

Authorized Signature

04/22/2008

3. Date (mm/dd/yyyy)

(413) 583-5500

5. Telephone

01056

8. Zip Code



Commonwealth of Massachusetts

## Asbestos Notification Form ANF-001

100070419

Decal Number

**Important:**  
When filling out  
forms on the  
computer, use  
only the tab key  
to move your  
cursor - do not  
use the return  
key.



### INSTRUCTIONS

1. All sections of this  
form must be  
completed in order  
to comply with  
DEP notification  
requirements of 310  
CMR 7.15  
and the Division  
of Occupational  
Safety (DOS)  
notification  
requirements of 453  
CMR 6.12

### A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? ☒ Yes ☐ No

b. Provide blanket decal number if applicable:

Blanket Decal Number

2. Facility Location:

**MORRILL SCIENCE BUILDING #1**

a. Name of Facility

**AMHERST**

c. City/Town

**MA**

d. State

**181 STOCKBRIDGE ROAD**

b. Street Address

**01002**

e. Zip Code

**(413) 545-6516**

f. Telephone Number

3. Worksite Location:

**3RD FLOOR PENTHOUSE**

a. Building Name/Building Location

b. Building #

c. Wing

d. Floor

e. Room

4. Is the facility occupied? ☒ Yes ☐ No

5. Asbestos Contractor:

**ACCUTECH INSULATION & CONTRACTING INC**

a. Name

**LUDLOW**

c. City/Town

**01056**

d. Zip Code

**AC000005**

f. DOS License Number

**STAN DUMOND**

h. Facility Contact Person

**STANLEY SLYSZ**

6. a. Name of On-Site Supervisor/Foreman

**ATC**

7. a. Name of Project Monitor

**SCILAB**

8. a. Name of Asbestos Analytical Lab

**04/21/2008**

9. a. Project Start Date (mm/dd/yyyy)

**7:30-5:00**

c. Work hours Mon-Fri.

**100 STATE STREET**

b. Address

**4135835500**

e. Telephone Number

g. Contract Type: ☒ Written ☐ Verbal

i. Contact Person's Title

**AS070429**

b. Supervisor/Foreman DOS Certification Number

**AA000005**

b. Project Monitor DOS Certification Number

**AA000162**

b. Asbestos Analytical Lab DOS Certification Number

**04/25/2008**

b. End Date (mm/dd/yyyy)

**N/A**

d. Work hours Sat-Sun.

10. a. What type of project is this?

☐ Demolition

☒ Renovation

☐ Repair

☐ Other, please specify:

11. a. Check abatement procedures:

☒ Glove bag

☐ Encapsulation

☐ Enclosure

☐ Disposal only

☐ Cleanup

☐ Other, specify:

☐ Full containment

b. Describe

b. Describe

12. Is the job being conducted: ☒ Indoors? ☐ Outdoors?

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## Asbestos Notification Form ANF-001

100070419

Decal Number

## A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

20

a. Total pipes or ducts (linear ft)

0

b. Total other surfaces (square ft)

c. Boiler, breaching, duct, tank surface coatings

Lin. ft.

Sq. ft.

d. Insulating cement

Lin. ft.

Sq. ft.

e. Corrugated or layered paper pipe insulation

Lin. ft.

Sq. ft.

f. Trowel/Sprayer coatings

Lin. ft.

Sq. ft.

g. Spray-on fireproofing

Lin. ft.

Sq. ft.

h. Transite board, wall board

Lin. ft.

Sq. ft.

i. Cloths, woven fabrics

Lin. ft.

Sq. ft.

j. Other, please specify:

Lin. ft.

Sq. ft.

k. Thermal, solid core pipe insulation

20

Lin. ft.

Sq. ft.

l. Specify

14. Describe the decontamination system(s) to be used:

SEAL CRITICALS W/ 6MIL POLY, PRE-CLEAN, LAY DROP CLOTH &amp; REMOVE USING THE NEG

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

ACM TO BE DOUBLE BAGGED OR WRAPPED IN 6 MIL POLY AND DELIVERED IN A SEALED

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

N/A

a. Name of DEP Official

b. Title

c. Date (mm/dd/yyyy) of Authorization

d. DEP Waiver #

N/A

e. Name of DOS Official

f. DOS Official Title

g. Date (mm/dd/yyyy) of Authorization

h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A-F apply to this project?
- ☒
- Yes
- ☐
- No

## B. Facility Description

1. Current or prior use of facility:

UNIVERSITY

2. Is the facility owner-occupied residential with 4 units or less?
- ☐
- Yes
- ☒
- No

3. UNIVERSITY OF MASSACHUSETTS-AMHER

360 CAMPUS CENTER WAY

a. Facility Owner Name

b. Address

AMHERST

01002

413-545-6516

c. City/Town

d. Zip Code

e. Telephone Number (area code and extension)

4. STAN DUMOND

a. Name of Facility Owner's On-Site Manager

b. On-Site Manager Address

c. City/Town

d. Zip Code

413-592-9221

e. Telephone Number (area code and extension)







Commonwealth of Massachusetts

## Asbestos Notification Form ANF-001

100070419

Decal Number

### B. Facility Description (cont.)

5. <b>COLLINS ELECTRIC</b> a. Name of General Contractor	<b>53 SECOND AVENUE</b> b. Address
<b>CHICOPEE</b> c. City/Town	<b>413-592-9221</b> e. Telephone Number (area code and extension)
<b>01020</b> d. Zip Code	<b>WC5312904</b> g. Policy Number
<b>COMMERCE &amp; INDUSTRY</b> f. Contractor's Worker's Comp. Insurer	<b>11/04/2008</b> h. Exp. Date (mm/dd/yyyy)
6. What is the size of this facility?	a. Square Feet
	b. Number of floors

### C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

<b>ACCUTECH INSULATION &amp; CONTRACTING</b> a. Name of Transporter	<b>100 STATE STREET</b> b. Address
<b>LUDLOW</b> c. City/Town	<b>(413) 583-5500</b> e. Telephone Number
<b>01056</b> d. Zip Code	

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

<b>REM TECHNOLOGIES</b> a. Name of Transporter	<b>173 PICKERING STREET</b> b. Address
<b>PORTLAND</b> c. City/Town	<b>(860) 342-1022</b> e. Telephone Number
<b>06480</b> d. Zip Code	

3. <b>USE Transfer Station and Owner</b> a. Name of Transfer Station and Owner	<b>173 PICKERING STREET</b> b. Address
<b>PORTLAND</b> c. City/Town	<b>(860) 342-1022</b> e. Telephone Number
<b>06480</b> d. Zip Code	

4. <b>MINERVA ENTERPRISES INC</b> a. Final Disposal Site Location Name	<b>173 PICKERING STREET</b> b. Final Disposal Site Location Owner's Name
<b>90 MINERVA ROAD</b> c. Final Disposal Site Address	<b>WAYNESBURG</b> d. City/Town
<b>01056</b> e. Zip Code	<b>(413) 583-5500</b> g. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000



### D. Certification

The undersigned hereby states, under the penalty of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

<b>HEATHER R. CREPEAU</b> a. Name	<i>H. Crepeau</i> b. Authorized Signature
<b>OFFICE MANAGER</b> c. Position/Title	<b>04/08/2008</b> d. Date (mm/dd/yyyy)
<b>(413) 583-5500</b> e. Telephone Number	<b>ACCUTECH</b> f. Representing
<b>100 STATE STREET</b> g. Address	<b>01056</b> h. Zip Code
<b>LUDLOW</b> i. City/Town	

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